

Supplemental Educational Services
Student Plan

PART I. Student Information - To be completed by district and provided to parent.

Instructions to district: Please review the information for each student and submit a copy to the parent (translated whenever possible) and maintain a copy in the child’s folder.

Student: Classroom teacher:
School: District: Class/Grade:
DOB:

Information provided to parent (check all that apply): Report cards standardized test scores Other:
Comments:

PART II. To be completed by provider & parent.

Provider: Contract/Vendor #:
Address: Phone #:
email:
Site of SES:
Contact:
Plan: Start date: Maximum days: Maximum hours:

Based on the information provided by the school and in consultation with the parent, the following achievement goals have been agreed upon:

Table with 3 columns: ACHIEVEMENT GOAL(S), SERVICE(S) PLANNED FOR THIS PERIOD: (FROM: TO:), EVALUATION/MEASUREMENT/ ASSESSMENT TOOLS

I have discussed the information regarding SES for my child with the provider and agree to the services to be provided.

Parent Signature Parent Name (Print) Date
Provider/Title Signature Provider Name and Title (Print) Date

REMINDER: The provider will maintain a copy of this form, a copy will be given to the parent, local district, and a copy will be placed in the student’s files.